

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/425,088	10/22/99	709	2755	99-829

APPLICANT

HIMANSHU S. SINHA, ACTON, MA.

CONTINUING DOMESTIC DATA***
VERIFIED

371 (NAT'L STAGE) DATA***
VERIFIED

BEST AVAILABLE COPY

FOREIGN APPLICATIONS***
VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 11/15/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MA	SHEETS DRAWING 5	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 5
Verified and Acknowledged	DBB Examiner's Initials	Initials				

ADDRESS

LEONARD C SUCHYTA
GTE SERVICE CORPORATION
600 HIDDEN RIDGE
HQE03G13
IRVING TX 75038

#32127

TITLE

SERVICE LEVEL AGREEMENTS AND MANAGEMENT THEREOF

FILING FEE
RECEIVED

\$916

FEES: Authority has been given in Paper
No. _____ to charge/credit DEPOSIT ACCOUNT
NO. _____ for the following:

- ☐ All Fees
- ☐ 1.16 Fees (Filing)
- ☐ 1.17 Fees (Processing Ext. of t
- ☐ 1.18 Fees (Issue)
- ☐ Other _____
- ☐ Credit



Commissioner for Patents
Washington, DC 20231
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 9057

SERIAL NUMBER 09/425,088	FILING DATE 10/22/1999 RULE	CLASS 709	GROUP ART UNIT 2142	ATTORNEY DOCKET NO. 99-829
APPLICANTS HIMANSHU S. SINHA, ACTON, MA;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/15/1999				
Foreign Priority claimed 35 USC 119 (a -d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY MA	SHEETS DRAWING 5	TOTAL CLAIMS 15
INDEPENDENT CLAIMS 5				
ADDRESS 32127				
TITLE SERVICE LEVEL AGREEMENTS AND MANAGEMENT THEREOF				
FILING FEE RECEIVED 916	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	